THE OTHER	VITAL OTLETICE State File No.
LAGE OF BIRTH	ATTAL BIATISTICS
STANDARD CER	TIFICATE OF BIRTH Registered No.
aty Gila	State Ariana
riet or Township Lower Miami or Village	
m · · ·	
No. Clan Chinele Cyn St. Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
vil name of child	Elark II child is not yet named, make supplemental report, as directed.
x of Child To be answered ONLY \ 4. Twin, triplet or other [6. Legitimate?]	
in event of plural	7. Date 610 31 10
births. 5. No., in order of birth	of birth Day Year
FATHER	14. MOTHER
namo William Edward Clark	
_ william coward clark	Full maiden name Theline Larraine Long
esidence	
(Usual place of abode) Muchun Muyon	15. Residence (Usual place of abode) Manni , au
non-resident, give place and state.	
	If non-resident, give place and state.
Color or race	16. Color or race
White 11. Age at last birthday 26 (Years)	White 17, Age at last birthday 2/ (Years).
	1 177 Age at last birthday (Years)
Birthplace (city or place) La Luc	18. Birthplace (city or place) L Pass
(State or country) New Mexico	(State or country) 7-e1a
	(State of Country)
Iccupation Common library	19. Occupation
iture of industry	Nature of industry
vumber of children of this mother	
	nd now living 21. Were precautions taken against oph- thalmia neonatorum?
ied and including this child.) (c) Stillborn	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
ceby certify that I attended the birth of this child, who was alive	
(Born alive or stillborn.)	
When there was no attending physician hidwife, then the father, householder, Signature	Jr. drinelle
should make this return. A stillborn d is one that neither breathes nor	
ws other evidence of life after birth.	tu
n name added from	(Physician obsidate)
polemental reportAddress	Miani, Aug.
Month, day, year	
Filed	10 1 1029 VA. G. Dryn
Registrar	Paristan